

Click Here _____ If address in Section 1 should only be used for mailing of salary/other payments.

EMPLOYEE INFORMATION FORM

Please Print or Type

Section 1 Employee Information, W-2, and Thrift Savings Plan Mailing Address

Operating Administration: _____

Employee Name (Last, First, M.I.) _____ Social Security Number _____

Street Address _____

City, State, and zip code _____

Note: To purchase or to change mailing address for U. S. Savings Bonds under the Payroll Savings Plan, use Form SBD 2090.

Section 2 Direct Deposit of Employee Salary/Travel/Other Payments

Check one: _____ Initial or _____ Change Check one: Salary Payments Only _____
Other Payments Only _____
Both _____

Check one: Type of Account: _____ Savings or _____ Checking

For checking accounts, rather than completing the rest of this selection, you may attach a voided check only if your financial institution does not use a correspondent bank (some credit unions use correspondent banks).

Routing Transit Number: _____ Check digit _____

Account Number: _____
(Up to 17 digits)

Account Title: _____
(Account Holder's Name)

Financial Institution Name: _____

Section 3 Allotment of Pay (For Additional Allotments Use Additional Form)

Check one: _____ Initial or _____ Change Amount (Check one)
Type of Account: _____ Savings or _____ Checking _____ Start _____ Increase To
Cancel _____ Decrease To

Routing Transit Number: _____ Check Digit \$ _____ \$ _____ .00
(Whole dollars only)

Account Number: _____
(Up to 17 digits)

Account Title: _____
(Account Holder's Name)

Financial Institution Name: _____

Authorization (Always complete this section)

Employee Signature: _____ Work Phone No. _____ Date: _____